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Bib Data Sheet

CONFIRMATION NO. 7436

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|------------------------------------|---|---------------------|-------------------------------|--|
| <b>SERIAL NUMBER</b><br>10/763,102 | <b>FILING OR 371(c) DATE</b><br>01/22/2004<br><b>RULE</b> | <b>CLASS</b><br>536 | <b>GROUP ART UNIT</b><br>1637 | <b>ATTORNEY DOCKET NO.</b><br>ENZ-61(D3) |
|------------------------------------|---|---------------------|-------------------------------|--|

**APPLICANTS**

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**\*\* CONTINUING DATA \*\*\*\*\***

This application is a DIV of 10/096,075 03/12/2002 PAT 7,166,478

**\*\* FOREIGN APPLICATIONS \*\*\*\*\*****IF REQUIRED, FOREIGN FILING LICENSE GRANTED**

\*\* 08/11/2004

|   |   |                               |                             |                           |                                |
|---|---|-------------------------------|-----------------------------|---------------------------|--------------------------------|
| Foreign Priority claimed<br>35 USC 119 (a-d) conditions met | <input type="checkbox"/> yes <input type="checkbox"/> no<br><input type="checkbox"/> yes <input type="checkbox"/> no <input type="checkbox"/> Met after Allowance | <b>STATE OR COUNTRY</b><br>NY | <b>SHEETS DRAWING</b><br>15 | <b>TOTAL CLAIMS</b><br>76 | <b>INDEPENDENT CLAIMS</b><br>4 |
| Verified and Acknowledged                                   | Examiner's Signature _____ Initials _____   |                               |                             |                           |                                |

**ADDRESS**

28171

**TITLE**

LABEL TARGET AND LABELING REAGENTS COMPRISING RIGID GROUP BACKBONES

|                                    |   |   |
|------------------------------------|---|---|
| <b>FILING FEE RECEIVED</b><br>1297 | FEES: Authority has been given in Paper No. _____ to charge/credit DEPOSIT ACCOUNT No. _____ for following: | <input type="checkbox"/> All Fees<br><input type="checkbox"/> 1.16 Fees ( Filing )<br><input type="checkbox"/> 1.17 Fees ( Processing Ext. of time )<br><input type="checkbox"/> 1.18 Fees ( Issue )<br><input type="checkbox"/> Other _____<br><input type="checkbox"/> Credit |
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